24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Make DC Listen	
	C C00570739
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Make DC Listen	05 16 2015
Mailing Address 824 S Milledge Ave Ste 101	Amount
City State Zip Code	939.55
Athens GA 30605	Transaction ID : EC0B7F4D290384BCBAF3 Date of Disbursement or Obligation
Purpose of Expenditure Donation Processing Category/ Type	05 / 16 / 2015
Name of Federal Candidate Support Office	e Sought: House District: 00
Ted Cruz Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:
Full Name of Payee Shirazcorp.com	Date of Public Distribution/Dissemination
	05 / 19 / 2015
Mailing Address 1521 Concord Pike, Ste 301	Amount
City State Zip Code	6164.00
Wilmington DE 19803-3644	Transaction ID : E0C60FFCE186B45F5AD9 Date of Disbursement or Obligation
Purpose of Expenditure Email List Rental Category/ Type	05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ted Cruz Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbute 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	7103.55
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
	06 10 2015
Signature	